

Mail Application to:

List Coordinator
 Administrative Office
 Probate and Family Court Dept.
 2 Center Plaza, Suite 210
 Boston MA 02108

Application

to the
Probate and Family Court Department
 for appointment as
Guardian *ad Litem*/Investigator
 or
Guardian *ad Litem*/Next Friend
 in actions involving:

For court use only

Reviewed _____

Entered _____

Domestic relations or custody/visitation/adoption — **Guardian *ad litem***/investigator, G.L. c. 215, § 56A;
Guardian *ad litem*/next friend, G.L. c. 201, § 36

Name: _____
 (Street and Number)

Firm Name: _____
 (Street and Number)

Address: _____
 (Street and Number)

(City or Town)

(State)

(Zip Code)

Telephone No. (_____) _____
 (Area Code)

License # _____

E-Mail Address _____

CATEGORY

F
 CLINICIAN

I am licensed to practice medicine or psychology, or I am a licensed social worker, a licensed certified social worker, a licensed independent clinical social worker, a licensed marriage and family therapist, a licensed rehabilitation counselor or a licensed mental health counselor. Specifically, I certify that I have been licensed as a _____ by the Board of Registration in _____ since _____, that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.

I further certify

- ☐ that I have at least three years of experience conducting investigations in care and protection (G.L. c. 119, § 24 *et seq.*) cases and/or, in the Probate and Family Court Department, conducting investigations on issues of child custody and visitation in paternity, guardianship of minor, adoption, state intervention, divorce and post divorce cases, **and**
- ☐ that I have the required experience and expertise to serve as a guardian *ad litem*/investigator and to serve as a guardian *ad litem*/next friend in domestic relations, custody, visitation and/or adoption matters pursuant to G.L. c. 201, § 36; c. 208, § 16; c. 215, § 56A

I have currently in effect professional liability insurance with coverage of \$100,000 or more. The insurance company which issued the policy is:

(Name of Company)

The policy number is:

(Policy Number)

The limits of liability are:

(Limits of Liability)

I request and I **WILL** accept appointments from the following (not more than **four**) divisions of the Probate and Family Court Department:

- ☐ Barnstable ☐ Berkshire ☐ Bristol ☐ Dukes ☐ Essex ☐ Franklin ☐ Hampden
☐ Hampshire ☐ Middlesex ☐ Nantucket ☐ Norfolk ☐ Plymouth ☐ Suffolk ☐ Worcester

I understand that I will be required each year, after 2001, to complete six hours of continuing professional education in the domestic relations/custody/adoption fields to remain on the list for these appointments. I agree that, if I am appointed as a guardian *ad litem* or counsel and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven days of the request. I understand that, to remain on the list, I must mail to the List Coordinator each December, after 2000, a certificate of my good standing with the Board of Registration dated that December.

I have attached to this Application **a copy of my resume** and **a certificate** of my good standing with the Board of Registration. The certificate was issued not more than 30 days ago.

I certify under the penalties of perjury that all of the above information is true.

Date: _____

(Signature of Applicant)